

1072

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/923752
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				4		
5			1			
6						
7				4		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
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59	1					
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93		1				
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97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2072

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
10 2						
10 3						
10 4						
10 5						
10 6						
10 7						
10 8						
10 9						
11 10						
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11 45						
11 46						
11 47						
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11 49						
11 50						
TOTAL IND.	10					
TOTAL DEP.	84					
TOTAL CLAIMS	94					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54												
55												
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												